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WIPE DOWN THOSE TABLES AND WAIT

By Sunday Crawford, RN, Surveyor

Due to recent deficiencies written regarding disinfectant solution use, the state agency recommends that facility staff review the manufacturer's label instructions for all disinfectant products. Most disinfectant solutions require a "wet" time of 10 minutes. If the product used in your facility requires a "wet" time, monitor the application and follow the manufacturer's instructions precisely. For additional information, refer to the Centers for Disease Control's (CDC) **Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008** which can be found at http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf

LONG TERM CARE BEST PRACTICES

By Dee Strauss, NHA, Surveyor

Many long-term-care facilities are clinical practice sites for nursing students. Recently, surveyors found a facility that had a medication cart designated for student nurse use. One of the nurses on the survey team commented that this was a good idea because the nursing home nurse does not have to worry about three or four student nurses having to access the med cart. This gives the staff nurse improved control of the cart. It's also nice for the student nurses because they do not have to look for the floor nurse as they have their own keys to their cart. "I think it just works out better for all concerned," the survey team nurse said.

MHCA CONFERENCE

The Certification Bureau will provide a State of Montana Update on survey and certification on September 20, 2010 at the MHCA Annual Convention & Exposition in Billings. The primary discussion topics are: the Bureau Newsletter, MDS 3.0, Top 10 Deficiencies for Health & Life Safety and an Infection Control Update.

The Bureau staff will have time available for a panel discussion. Facility surveyors and Bureau Managers will be present to answer specific questions on topics of interest. The presentation and panel discussion will start at 2:00 p.m. and end promptly at 4:30 p.m. Please come and join us and bring your questions or discussion topics.

LIFE SAFETY CODE TIP OF THE QUARTER

By Ron Hummel, Surveyor

Occasionally during a life safety code (LSC) survey, facility staff advises the surveyor that a part of a wing or a floor is a "B" (Business) occupancy. As you are probably aware, "B" occupancies refer to those areas that do not provide sleeping areas such as offices used by doctors, accounting and record keeping. The surveyor follows the LSC which offers the following definition: "A mixed occupancy of two or more can exist in the same building."

More important however, the LSC provides the following under NFPA 101 Section 6.1.14.2 Classification Occupancy 2000 Edition: "Where a mixed occupancy classification occurs, the means of egress facilities, construction, protection, and other safeguards shall comply with the most restrictive life safety requirements of the occupancies involved." What this means to the facility is that the more stringent LSC requirements of the health care building (regardless of type) need to be met regardless of the location or expanse of any "B" occupancy within or adjoined to a health care occupancy. The Centers for Medicare and Medicaid Services (CMS) allows the life safety code survey to stop at 2 hour or greater fire barriers inside a facility.

As always, if you have questions, please contact the Bureau office at 406-444-2099. Please remember that all construction projects should be discussed with the Licensing Bureau's Construction Consultant, Joe Merrill at 406-444-6794 or jmerrill@mt.gov.

NEW MDS 3.0

Changes to the Minimum Data Set (MDS) used for long term care and swing beds will be implemented on October 1, 2010. A transition is planned to move from MDS 2.0 to MDS 3.0. For more details access the Centers for Medicare and Medicaid Services' (CMS) web site or go to http://www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

MDS 2.0 to MDS 3.0 Transition Timeline

- ❖ September 30, 2010 - MDS 2.0 Retired
- ❖ October 1, 2010 - MDS 3.0 Implementation
- ❖ December 2010 - Anticipated NQF endorsement of NH measures mapped to MDS 3.0
- ❖ January 2011 - Last MDS 2.0 QM update on NHC
- ❖ April/May 2012 - New MDS 3.0 QM data published on NHC



Flu Season 2010–11

Cynthia Galaska, RN, MSN, Surveyor

The USFDA has determined that 2010-11 influenza vaccines for the United States contain the following three vaccine viruses: an A/California/7/2009 (H1N1)-like virus, an A/Perth/16/2009 (H3N2)-like virus, and a B/Brisbane/60/2008-like virus.

The H1N1 virus recommended for inclusion in the 2010-2011 seasonal influenza vaccine is a pandemic 2009 H1N1 virus and is the same vaccine virus as was used in the 2009 H1N1 monovalent vaccine.¹

For surveys conducted during influenza season (October 1-March 31), surveyors evaluate facility compliance with F334 - Influenza and pneumococcal immunizations. The following will help you prepare for survey:

- (i) The facility must develop policies and procedures that ensure that each resident or the resident's representative receives education regarding benefits and potential side effects of the immunization prior to offering the immunization. The facility can ensure this by using the Vaccination Information Sheet provided by CDC.
- (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period.
- (iii) The resident or the resident's legal representative has the opportunity to refuse immunization.
- (iv) The resident's medical record includes documentation that indicates at a minimum the following:
 - (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and
 - (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to a medical contraindications or refusal.

CDC Vaccine Information Sheets (2010-11 Influenza) and (Pneumococcal)

<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf>

<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-ppv.pdf>

¹ Retrieved July 29, 2010, from Centers for Disease Control and Prevention on-line database, on the World Wide Web: http://www.cdc.gov/flu/about/qa/1011_vac_selection.htm

GREEN NEWSLETTER: MORE EMAILS PLEASE

As we explained in the last issue of the *Certification Link*, we would prefer to send this newsletter electronically. To do so, though, we need your email addresses. We appreciate the great response we have had thus far, but we have not heard from everyone. If you and others in your facility are willing to receive this newsletter electronically, please send the Name of the facility and email address(es) to us at MTSSAD@mt.gov. We do not limit the number of email addresses from a facility.

Once we have your name(s) and email addresses, we will no longer send a hard copy. Thank you for your interest, and your help in our effort to go **GREEN**. Also, if you would like us to discuss a particular topic in the *Certification Link*, please let us know.

PREPARING FOR WILDFIRES

The life safety code surveys conducted in facilities focus on how to limit the exposure of residents or patients from fire inside the facility. However, Montana is exposed to one natural disaster that some states never worry about – forest fires or more recently titled, wild land fires. Most guidance given by fire officials is for protecting our own homes. Facility owners may want to consider some of this guidance given to homeowners when evaluating a health care facility for wild land fire protection.

- Excess vegetation on road shoulders should be removed.
- Cedar shake roofs can be replaced with Class A roofing.
- Sidewalks, driveways, and rock paths can stop spread of wildfire.
- Rock gardens or rock landscaping can interrupt the fire's path.
- Fuels such as tree limbs should be chipped or moved after cutting.
- Any wood piles should be kept well away from the building.
- Indigenous wildflowers and native plants are excellent firewise choices.
- Green lawns and irrigated areas can serve as a fire break.
- Deciduous trees are generally safer than evergreen trees near buildings.
- Dead trees should be removed and dead limbs and branches should be trimmed or thinned.
- All leaves and pine needles should be cleaned up near the building within at least three feet.

Some of the benefits of being "firewise" are obvious such as the aesthetic appearance, while other benefits may include lower insurance rates. For more information check out the National Fire Protection Association's Firewise website at <http://www.firewise.org/>.